

EXHIBIT

“7C”

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

=====X

Plaintiff(s),

-against-


Defendant(s).

=====X

To the above named defendant(s):

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance on the Plaintiff's Attorneys within 20 days after the service of this summons exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: New York, New York
January 29, 2020


LEE M. HUTTNER, ESQ.
SUBIN ASSOCIATES LLP
Attorneys for Plaintiff
Address and Telephone Number
150 Broadway - 23rd Fl
New York, New York 10038
(212) 285-3800
FILE NO.: 31066

Defendants Address:

[SEE RIDER FOR ADDITIONAL DEFENDANTS]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

Index No.:
Date of Purchase:

FILED
INDEX #

Plaintiff(s),

-against-

Defendant(s).

SUMMONS

Plaintiff designates

KINGS

County as the place of trial

The basis of the venue is:

Situs of Occurrence


County of KINGS

=====X

To the above named defendant(s):

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance on the Plaintiff's Attorneys within 20 days after the service of this summons exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: New York, New York
January 29, 2020


LEE M. HUTTNER, ESQ.
SUBIN ASSOCIATES LLP
Attorneys for Plaintiff
Address and Telephone Number
150 Broadway -- 23rd Fl
New York, New York 10038
(212) 285-3800
FILE NO.: 31066

Defendants Address:

[SEE RIDER FOR ADDITIONAL DEFENDANTS]

RIDER



[REDACTED]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X

[REDACTED]

Plaintiff(s),

VERIFIED COMPLAINT

-against-

[REDACTED]

Defendant(s).

-----X

Plaintiff, [REDACTED] by her attorneys, **SUBIN ASSOCIATES LLP** as and for a
cause of action alleges, upon information and belief, as follows:

1. That at all the times herein mentioned, and more particularly 2/19/2019, Church Avenue, was and still is a public roadway in the Borough of Brooklyn, County of Kings, City and State of New York which consisted of a roadway and sidewalks thereat.
2. That said sidewalks were public thoroughfares along and over which the public at large had a right to walk.
3. That at all times herein mentioned, the defendant [REDACTED] was the owner of the premises located at 3102 Church Avenue, Brooklyn, New York.
4. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees operated the aforementioned premises and the abutting sidewalks.
5. That at all the times herein mentioned, the defendant [REDACTED], its agents, servants and/or employees maintained the aforementioned premises and the abutting sidewalks.
6. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees managed the aforementioned premises and the abutting sidewalks.

7. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees controlled the aforementioned premises and the abutting sidewalks.
8. That at all the times herein mentioned, the defendant [REDACTED] was and still is a corporation and/or a limited liability company doing business in the State of New York.
9. That at all times herein mentioned, the defendant [REDACTED] was the owner of the premises located at 3102 Church Avenue, Brooklyn, New York.
10. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees operated the aforementioned premises and the abutting sidewalks.
11. That at all the times herein mentioned, the defendant [REDACTED], its agents, servants and/or employees maintained the aforementioned premises and the abutting sidewalks.
12. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees managed the aforementioned premises and the abutting sidewalks.
13. That at all the times herein mentioned, the defendant [REDACTED], its agents, servants and/or employees controlled the aforementioned premises and the abutting sidewalks.
14. That at all the times herein mentioned, the defendant [REDACTED], was and still is a corporation doing business in the State of New York.
15. That at all the times herein mentioned, the defendant [REDACTED] was a tenant of the premises located at 3102 Church Avenue, Brooklyn, New York.
16. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees operated the aforementioned premises and the abutting sidewalks.
17. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees maintained the aforementioned premises and the abutting sidewalks.

18. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees managed the aforementioned premises and the abutting sidewalks.
19. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees controlled the aforementioned premises and the abutting sidewalks.
20. That at all the times herein mentioned, it was the duty of the defendant(s) their agents, servants and/or employees to keep and maintain said sidewalks in a reasonable state of repair and good and safe condition, and not to suffer and permit said premises to become unsafe and dangerous to pedestrians and/or customers.
21. That on or about 2/19/2019, while plaintiff was lawfully walking on the aforementioned sidewalks plaintiff [REDACTED] was caused to fall and sustain multiple injuries by reason of the negligence, carelessness and want of proper care of the defendant(s), its agents, servants and/or employees.
22. That the said incident and resulting injuries to the plaintiff were caused through no fault of her own but were solely and wholly by reason of the negligence of the defendants, their agents, servants and/or employees in that the defendants suffered, caused and/or permitted and/or allowed portions of said sidewalk, to be, to remain in such a defective condition; in failing to properly maintain said sidewalk; in improperly removing/cleaning ice and creating a dangerous condition; in failing to apprise and/or warn the public and in particular the plaintiff of the aforementioned conditions; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the aforementioned dangerous, unsafe condition thereat; in failing to remove said ice; in failing to apply sand, salt, or other melting and/or abrasive materials so as to make the condition safe; in failing to prevent ice from developing at the location; in failing to place restrictive devices around the aforementioned area to keep the public and in particular the claimant from walking and/or slipping on this dangerous condition; in generally maintaining said

sidewalks in such a dangerous, defective and/or unsafe condition as to cause the incident complained of; in creating and/or allowing and/or permitting a hazardous condition to exist; in maintaining the sidewalk in such a manner so as to create undue risks to people and in otherwise being careless and reckless upon the premises; in creating and maintaining a hazard, menace, nuisance, and trap thereat and in failing to comply with the statutes, ordinances, rules and regulations provided for the safe and proper use of the sidewalk and premises thereat; the above dangerous condition having existed for a long and unreasonable period of time, claimant further relies on the doctrine of Res Ipsa Loquitur.

23. Both actual and constructive notice are claimed. Actual notice in that the defendants, their agents, servants and/or employees had actual knowledge and/or created the complained of condition; constructive notice in that the condition existed for a long and unreasonable period of time.

24. That by reason of the foregoing, plaintiff was caused to sustain serious, harmful and permanent injuries, has been and will be caused great bodily injuries and pain, shock, mental anguish; loss of normal pursuits and pleasures of life; has been and is informed and verily believes maybe permanently injured; has and will be prevented from attending to usual duties; has incurred and will incur great expense for medical care and attention; in all to plaintiff's damage in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction and which warrants the jurisdiction of this Court.

WHEREFORE, plaintiff demands judgment against the defendants in an amount which exceeds the jurisdictional limits of all lower courts and which warrants the jurisdiction of this Court; together with the costs and disbursements of this action.

DATED: New York, New York
January 29, 2020

Yours, etc.



LEE M. HUTTNER, ESQ.

SUBIN ASSOCIATES, LLP
Attorneys for Plaintiffs
150 Broadway
New York, New York 10038
(212) 285-3800

STATE OF NEW YORK)

) ss.:

COUNTY OF NEW YORK)

I, the undersigned, an attorney admitted to practice in the courts of New York State, state under penalty of perjury that I am one of the attorneys for the plaintiff(s) in the within action; I have read the foregoing **SUMMONS AND COMPLAINT** and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe to be true. The reason this verification is made by me and not by my client(s), is that my client(s) are not presently in the County where I maintain my offices. The grounds of my belief as to all matters not stated upon my own knowledge are the materials in my file and the investigations conducted by my office.

Dated: New York, New York
January 29, 2020

A handwritten signature in black ink, appearing to read 'L. M. Huttner', written over a horizontal line.

LEE M. HUTTNER, ESQ.

Index No:

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS**

=====

[REDACTED]

Plaintiff(s),

-against-

[REDACTED]

Defendant(s).

=====

SUMMONS AND VERIFIED COMPLAINT

=====

SUBIN ASSOCIATES LLP

Attorneys for Plaintiff

Office and Post Office Address, Telephone

150 Broadway – 23rd Fl

New York, New York 10038

(212) 285-3800

File No.: 31066

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS**

X

Plaintiff/Petitioner,

- against -

Index No. _____

X
Defendant/Respondent.

**NOTICE OF ELECTRONIC FILING
(Mandatory Case)
(Uniform Rule § 202.5-bb)**

You have received this Notice because:

1) The Plaintiff/Petitioner, whose name is listed above, has filed this case using the New York State Courts E-filing system ("NYSCEF"), and

2) You are a Defendant/Respondent (a party) in this case.

● **If you are represented by an attorney:**

Give this Notice to your attorney. (Attorneys: see "Information for Attorneys" pg. 2).

● **If you are not represented by an attorney:**

You will be served with all documents in paper and you must serve and file your documents in paper, unless you choose to participate in e-filing.

If you choose to participate in e-filing, you must have access to a computer and a scanner or other device to convert documents into electronic format, a connection to the Internet, and an e-mail address to receive service of documents.

The benefits of participating in e-filing include:

- serving and filing your documents electronically
- free access to view and print your e-filed documents
- limiting your number of trips to the courthouse
- paying any court fees on-line (credit card needed)

To register for e-filing or for more information about how e-filing works:

- visit: www.nycourts.gov/efile-unrepresented or
- contact the Clerk's Office or Help Center at the court where the case was filed. Court contact information can be found at www.nycourts.gov

To find legal information to help you represent yourself visit www.nycourthelp.gov

**Information for Attorneys
(E-filing is Mandatory for Attorneys)**

An attorney representing a party who is served with this notice must either:

1) immediately record his or her representation within the e-filed matter on the NYSCEF site www.nycourts.gov/efile ; or

2) file the Notice of Opt-Out form with the clerk of the court where this action is pending and serve on all parties. Exemptions from mandatory e-filing are limited to attorneys who certify in good faith that they lack the computer hardware and/or scanner and/or internet connection or that they lack (along with all employees subject to their direction) the knowledge to operate such equipment. [Section 202.5-bb(e)]

For additional information about electronic filing and to create a NYSCEF account, visit the NYSCEF website at www.nycourts.gov/efile or contact the NYSCEF Resource Center (phone: 646-386-3033; e-mail: efile@nycourts.gov).

Dated: _____

Name

Firm Name

Address

Phone

E-Mail

To: _____

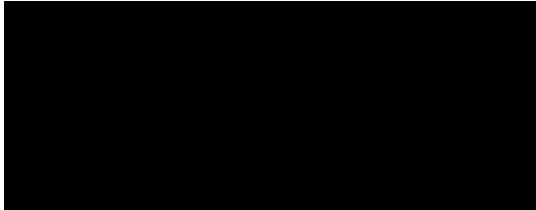
6/6/18



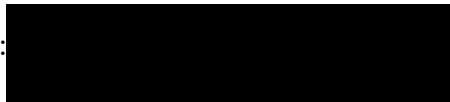
Subin Associates, LLP
New York's Premier Personal Injury Law Firm, Since 1954

150 Broadway
New York, NY 10038
212.285.3800
www.subinlaw.com

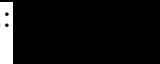
July 1, 2020



Re:



Our File No.:



Dear



In response to your Demand for Verified Bill of Particulars and Combined Demands, which were served on May 13, 2020, enclosed please find Plaintiff's Verified Bill of Particulars, along with duly executed HIPAA-compliant authorizations for release of Plaintiff's medical and collateral source records.

Please be advised that Plaintiff's responses to your Combined Demands remain the same. Please refer to Plaintiff's former responses to your Combined Demands dated April 21, 2020.

Should you have any additional questions in reference to this matter, please do not hesitate to contact the undersigned.

Very truly yours,

Lee M. Huttner, Esq.

LMH/og
Enclosures

[REDACTED]
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X

[REDACTED],
Plaintiff(s),

VERIFIED BILL OF
PARTICULARS

-against-

Index No.: [REDACTED]

[REDACTED]
Defendant(s).
-----X

Plaintiff, as and for her Bill of Particulars in response to the demands of the Defendant(s),
[REDACTED] by her attorneys, upon information and belief,
respectfully allege(s):

1. Plaintiff's full name: [REDACTED]
2. Plaintiff's date of birth: [REDACTED]
3. Plaintiff will provide her Social Security Number off the record, at her deposition, or you may contact Plaintiff's attorney to obtain it sooner.
4. (a) - (b) Plaintiff presently resides at [REDACTED]
and resided at the same address on the date of the subject incident.
5. The subject incident occurred on 02/19/2019, at approximately 02:00 P.M.
6. The subject incident occurred in front of the premises known as 3102 Church Avenue, in the County of Kings, City and State of New York.
7. That the said incident and resulting injuries to the Plaintiff were caused through no fault of her own but were solely and wholly by reason of the negligence of the Defendant(s), their agents, servants and/or employees in that the Defendant(s) suffered, caused and/or permitted and/or allowed portions of the premises located in front of 3102 Church Avenue, in the County of Kings, City and State of New York, to be, to remain in such a defective, dangerous, uneven, uncleaned, untreated, slippery, icy, mis-leveled, hazardous, and unsafe

condition; in failing to properly maintain said premises; in improperly removing/cleaning ice and creating a dangerous condition; in allowing water to run from the store and form ice outside of the store; in failing to apprise and/or warn the public and in particular the Plaintiff of the aforementioned conditions; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the aforementioned dangerous, unsafe condition thereat; in failing to remove said ice; in failing to apply sand, salt, or other melting and/or abrasive materials so as to make the condition safe; in failing to prevent ice from developing at the location; in failing to place restrictive devices around the aforementioned area to keep the public and in particular the Plaintiff from walking and/or slipping on this dangerous condition; in generally maintaining said premises in such a dangerous, defective and/or unsafe condition as to cause the incident complained of; in failing to apprise and/or warn the public and in particular the Plaintiff of the aforementioned conditions; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the dangerous, unsafe condition thereat; in failing to inspect the said premises; in creating and/or allowing and/or permitting a hazardous condition to exist; in maintaining the premises in such a manner so as to create undue risks to people and in otherwise being careless and reckless upon the premises; in creating and maintaining a hazard, menace, nuisance, and trap thereat and in failing to comply with the statutes, ordinances, rules and regulations provided for the safe and proper use of the premises thereat; the above dangerous condition having existed for a long and unreasonable period of time, claimant further relies on the doctrine of *Res Ipsa Loquitur*.

8. The Court will take judicial notice of any and all applicable, statutes, laws, rules, regulations and/or ordinances, violated by the defendant at the trial of this action, including but not limited to the New York City Administrative Code 7-210, 19-152, 27-292.5(d) and 28-301.1, and 34-2-09(f)(1) of the Rules of the City of New York. The Plaintiff reserves the right to allege additional violations as may become apparent based on the evidence adduced at trial.

9. - 10. Vicarious liability: Improper demand.
11. Defective condition: Refer to response to paragraph “7” above.
12. Notice of dangerous or defective condition: Refer to response to paragraphs “13-16” below.
13. - 16. Both, actual and constructive, notice is claimed. Actual notice is claimed in that the Defendant(s), its agents, servants and/or employees created and/or had actual knowledge of the condition complained of herein. Constructive notice is claimed in that the condition complained of herein existed for a long and unreasonable period of time under the circumstances. The remaining part of this demand is improper.
17. The following injuries were caused, aggravated, accelerated, precipitated and/ or enhanced as a result of the Defendant’s negligence:

Right shoulder:

Tear of the anterior labrum

Partial rotator cuff tear involving the supraspinatus and infraspinatus tendons extending to their distal insertion with a subdeltoid and subacromial bursal effusion

Joint effusion

as a result of the foregoing, the Plaintiff suffers from severe pain, swelling and tenderness of the right shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

Lumbar spine:

Disc herniation at L5-S1 impinging on thecal sac and exiting right L5 nerve root

Right L5-S1 radiculopathy

Bilateral peroneal neuropathy

Significant spasms over right quadratus lumborum

as a result of the foregoing, the Plaintiff suffers from severe pain, swelling and tenderness of the lumbosacral spine resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings,

blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

Cervical spine:

Sprain and strain

Pain with burning sensation in bilateral trapezius

Neck muscles spasm give tension headaches

Paresthesia down the arms

As a result of the injuries sustained in the subject incident, Plaintiff was forced to undergo the following procedures:

Trigger point injections in the cervical girdle muscles, performed on 07/01/19

Trigger point injections in bilateral trapezius cervical paraspinals, upper rhomboid and levator scapulae muscles. Performed on 10/23/19

as a result of the foregoing, the Plaintiff suffers from severe pain, swelling and tenderness of the cervical spine resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

The foregoing injuries directly affected the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pains from all of which the plaintiff suffered, still suffers and may permanently suffer and may develop arthritis.

As a result of the accident and the injuries herein sustained, the Plaintiff suffered a severe shock.

The foregoing injuries impaired the general health of the Plaintiff. The Plaintiff verily believes that all of the injuries hereinabove sustained, with the exception of bruises and contusions, are permanent and progressive in nature.

The Plaintiff may permanently suffer from the aforesaid injuries and from its effects.

All injuries listed are believed to be permanent at this time, except for those of a superficial nature.

18. - 19. Exacerbation of a pre-existing injury or condition: None.

20. Disability:

(a) Partial disability: Refer to response to “b” below;

(b) Plaintiff has been totally disabled from the date of the subject incident and continues to be totally disabled until the present time.

21. Plaintiff was confined as follows:

(a) Hospital: Plaintiff was confined to Kingsbrook Jewish Medical Center, 585 Schenectady Avenue, Brooklyn, New York 11203 on 02/21/2019;

(b) Plaintiff was confined to bed for a period of approximately two (2) weeks following the subject incident, and intermittently thereafter;

(c) Plaintiff has been confined to her home since the date of the subject occurrence and continues to be confined to her home until the present time.

22. (a) - (b) Employer name and address: Not applicable. Plaintiff was not employed at the time of the subject incident.

23. Self-Employed: Not applicable.

24. Total amounts claimed as special damages are in the fair and reasonable and approximate amounts as follows:

(a) Loss of earning: Not applicable;

(b) Impairment of future earning capacity: To be provided, if applicable;

(c) Physician expenses: In the approximate sum of \$100,000, and continuing;

(d) Physical Therapist expenses: Included in “c” above;

(e) Hospital expenses: Included in “c” above;

(f) Nurses and/or home health care aide expenses: Included in “c” and “e” above;

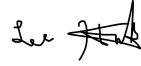
(g) Prescriptions medication expenses: Included in “c” and “e” above;

(h) Other special damages: To be provided, if applicable.

25. Collateral sources: Not applicable.

Dated: New York, New York
July 1, 2020

Yours, etc.



LEE MICHAEL HUTTNER, ESQ.
SUBIN ASSOCIATES, LLP

s)

150 Broadway, 23rd Floor
New York, New York 10038
(212) 285-3800

TO:



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

Plaintiff(s),

-against-

Defendant(s).

VERIFIED BILL OF PARTICULARS

SUBIN ASSOCIATES, LLP

Attorneys for Plaintiff(s)

Office and Post Office Address, Telephone

150 Broadway, 23rd Floor

New York, New York 10038

Telephone (212) 285-3800

"WE DO NOT ACCEPT SERVICE BY ELECTRONIC TRANSMISSION (FAX)"

Service of a copy of the within is hereby admitted

Dated:

.....
Attorney(s) for

PLEASE TAKE NOTICE



That the within is a (certified) true copy of an ORDER entered in the office
NOTICE OF *of the clerk of the within named court on*, 2020.

ENTRY



That an Order of which the within is a true copy will be presented for
NOTICE OF *settle to the Hon. one of the judges of the within*

SETTLEMENT *named court,* *at* *on*, 2020, at 10:00 a.m.

Dated:

POWER OF ATTORNEY

To Execute HIP AA Medical Record Authorization Forms Pursuant
To NY Public Health Law §18(1)(g) As Amended 10/26/04.

I, [REDACTED]

at [REDACTED]

do hereby appoint my attorney:

SUBIN ASSOCIATES, LLP (EDWIN LOPEZ, JAIME CASTILLO, JORGE COLLADO, ANA GONZALEZ, LILLIAN ANZALOTA, ELI SERRAN, LISA BENIGNO, ELSIE REAL, ARNIE BAUM AND PETER MAY) with offices at 150 Broadway, 23rd Floor, New York, New York 10038, my attorneys-in-fact to act (each agent may act separately) in my name; place and stead in any way which I myself could do, if I were personally present to execute HIPAA medical record authorization forms pursuant to NY Public Health Law §18(1)(g) as amended 10/26/04. This Power of Attorney may be revoked by me at any time. This Power of Attorney shall not be affected by my subsequent disability or incompetence.

This power of attorney expressly and unconditionally waives any doctor/patient privilege; and/or any expectation of privacy with regard to medical reports and/or records obtained in the prosecution or defense of my personal injury litigation, whether from my medical providers and/or reports generated from or on behalf of physicians retained by or on behalf of defendants or insurance companies, whether or not the reports and/or records are in the public domain. I expressly consent to the use and/or disclosure of these reports and/or records in the furtherance of my litigation and/or for the benefit of other litigants."

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party by reason of such third party having relied on the provisions of this instrument.

In Witness Whereof, I have hereunto signed my name this 21 day of February, 2019

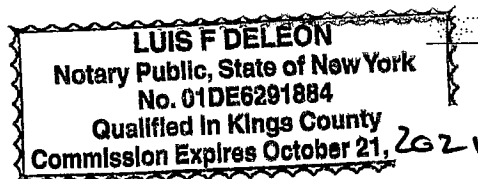
x [Signature]

STATE OF NEW YORK

COUNTY OF New York

On this 21 day of February, 2019 before me personally appeared

[REDACTED]
personally known to be or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person who acted on behalf of the individual, executed the instrument and that such individual made such appearance before the undersigned at 150 Broadway, 23rd Floor, New York, New York.



[Signature]
Notary Public

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 03/18/2019

Name: [REDACTED]

History of Present Illness: This is a 32-year-old right-handed female who, on 02/19/2019, was involved in a slip-and-fall accident when she slipped and fell on an ice on the sidewalk, falling backward. The patient denied head trauma or loss of consciousness but injured her neck, lower back extending into upper sacrum and right shoulder. The patient initially did not seek medical attention, but when a couple of hours later, her pain became almost intractable, the patient went to the Kings Brook Jewish Hospital where she had initial x-rays and was released after the monitoring. The patient continues to complain of pain in above-mentioned locations. She has a newborn baby and it is difficult for her to utilize right arm to carry her. The patient is not breastfeeding. The patient states that pain frequently reaches 7-8/10, but so far, she manages it with ibuprofen 600 mg.

Medical and Surgical History: Otherwise, she does not have any medical or surgical history.

Medications: Multivitamins and above-mentioned ibuprofen.

Allergies: No allergies.

Social History: Negative for smoking, drinking, or illicit drugs.

Family History: Noncontributory.

Physical Examination: She is alert and oriented x3, not in immediate distress. Examination of the cranial nerves II through XII reveals no abnormalities.

Cervical spine-reveals grossly positive Spurling on the right side with pain radiating towards the distal scalene and the trapezius. Cervical range of motion, 30 degrees of extension and flexion, right and left lateral flexion within 25 degrees to 30 degrees, rotation 50 degrees to the right and 60 degrees to 70 degrees to the left.

Upper extremities-the patient has normal sensory and motor exam of bilateral upper extremities despite on the right shoulder examination, she does have positive empty can. Positive Hawkins sign. The patient is also limited in terminal abduction and external rotation. The patient cites most of the pain on anterior aspect of the shoulder and the trapezius despite no pain over the AC joint. Shoulder range of motion, shoulder abduction 130 degrees, forward flexion 140 degrees, external rotation in abduction plane is 60 degrees and internal rotation 40 degrees. Examination of the left shoulder reveals no abnormalities.

Lumbar spine-reveals lumbar flexion within 60 degrees, extension 10 degrees, right and left lateral flexion 10 degrees. The patient has pain exacerbated by eliciting SLR on both sides but pattern is nonradiating and actually, most of the pain, the patient cites at around L3-L4 facet lines.

Impression: Based on the clinical presentation, the patient suffers sequelae of the slip-and-fall type of accident with sustained cervical and lumbar trauma with disk derangement radiculopathies cannot be excluded as well as right shoulder sprain with rotator cuff injury versus bicipital tendon injury cannot be excluded.

Plan: The patient will start physical therapy to address above-mentioned issues. Due to persistence of the pain for more than a month after the injury despite activities modifications, the patient will be referred for cervical and lumbar MRIs as well as MRI of the right shoulder and will be followed when the results of MRIs are available for review.



Felix Karafin, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

Kevin Weiner, MD
Felix Karafin, MD

44 COURT ST. SUITE 1002
BROOKLYN, NY 11201
TEL. 718-488-7488
FAX: 718-488-7130

PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: _____

EVALUATE AND TREAT DIAGNOSIS: _____

R 84 / N / LB

FREQUENCY: ☐ 1 x week x 6 weeks
☒ 2 x week x 6 weeks

☐ 3x week x 6 weeks
☐ 4x week x 6 weeks

MODALITIES:

- ☐ Moist Heat
- ☐ Cold Pack
- ☐ Whirlpool
- ☐ Ultrasound
- ☐ Electric Stimulation
- ☐ Paraffin
- ☐ Traction Cervical Lumbar
- ☐ Massage
- ☐ Myofascial Release
- ☐ _____

- ☐ Range of Motion Active/Passive
- ☐ Joint Mobilization
- ☐ Gait Training
- ☐ Neuromuscular Retraining
- ☐ Stretching
- ☐ ADL Activities
- ☐ Joint Conservation
- ☐ Chiropractic Care
- ☐ Acupuncture
- ☐ _____

☐ OTHER EVALUATE AND TREAT

GOALS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Increase Rom | <input type="checkbox"/> Increase Mobility | <input type="checkbox"/> Patient Education |
| <input type="checkbox"/> Decrease Pain/Edema | <input type="checkbox"/> Improve Function | <input type="checkbox"/> Strengthen Short Muscles |
| <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Increase Fitness | <input type="checkbox"/> Strengthen Long Muscles |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Precautions and/or Instructions: _____

Referring Physical Name: _____

Address: _____

Physician Signature: _____ Date: 3/18/19

ALL BORO MEDICAL REHABILITATION PLLC

• 369 East 149th Street, 3rd Floor
Bronx, NY 10455

• 11615 Queens Blvd
Forest Hills, NY 11375

✓ 44 Court Street Ste 1002
Brooklyn, NY 11201

Phone: (718) 676-6151

Fax: (888) 511-2038

Patient Name: [REDACTED]

Ordered by: ✓ Felix Karafin, M.D.

DOB: [REDACTED]

DOI: 2/19/19

• Kevin Weiner, M.D.

Patient Number: [REDACTED]

Patient Address: [REDACTED]

• NF

• WC

• Lien

Attorney: Sulan

Carrier: _____

Claim #: _____

Exam Screening MRI:

• Metal in eyes/body

• Aneurysm clips

• Pacemaker

• Claustrophobia

MRI Contrast:

• With

• Without

• With & Without

___ Brain

___ Neck Soft Tissue

✓ C-Spine

___ Wrist

(R / L)

Other

___ Pituitary

___ Breast

___ T-Spine

___ Elbow

(R / L)

___ Orbits

___ Abdomen

✓ L-Spine

✓ Shoulder

(R) (L)

___ Sinuses

___ Pelvis

___ TMJ's

___ Hip

(R / L)

___ IAC's

___ Prostate

___ Cardiac

___ Knee

(R / L)

___ Ankle

(R / L)

___ Foot

(R / L)

MRA _____

XR _____

CT _____

Ultrasound _____

Doctor's Signature: _____

Date: 3/18/19.

Test Scheduled: _____

Kolb Radiology :

• 307 East 60th Str, MNH

• 170 East 77th St, MNH

212-602-1900

• 3199 Bainbridge Ave, BX

• 3626 East Tremont Ave, BX

Precision Radiology

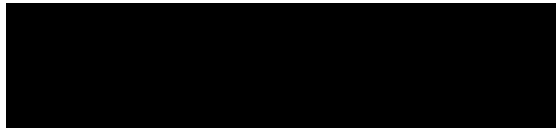
• 222 East 68th Street, MNH

212-879-4488

Washington Heights Imaging • 4334 Broadway, MNH

212-927-1717

Name:



Date:

3/18/19

☒ FK
☒ KW

ALL BORO MEDICAL REHABILITATION PLLC

Treated: ☒ Neck ☐ Thoracic ☒ Lumbar ☐ Headaches ☐ R / L Knee

☒ R / L Shoulder ☐ R / L Hip ☐ R / L Hand / Wr / ___ Finger

☐ R / L Foot / Ankle / ___ Toe ☐ Other: _____

Proc Today: ☐ EMG ☐ ESI ☐ TP ☐ NB ☐ Other: _____

Workers Comp: ☐ 100 ☐ 75 ☐ 50 ☐ ___ % Disabled ☐ Working ☐ N/W

Medications / Aids _____

Upcoming

OV in ☐ 1 ☐ 2 ☒ 4 ☐ 6 ☐ 8 ☐ ___ wks _____

☐ EMG UE ☐ EMG LE ☐ ESI UE ☐ ESI LE _____

☐ EMG UE ☐ EMG LE ☐ ESI UE ☐ ESI LE _____

Dx Needed:

MRI Neck

LB
RT Shoulder

Specialists:

☐ R / L Shoulder ☐ R / L Knee ☐ R / L Hip _____

☐ R / L Hand ☐ R / L ___ Finger ☐ R / L Wrist _____

☐ Back ☐ Neck ☐ Neuro ☐ Psych _____

Phys. Therapy: 3 times per ___ weeks for 6 weeks ☐ Stop ☐ Other Facility

For: N/LB/RT Shoulder

Acu: ___ times per week ☐ Stop

Chiro: ___ times per week ☐ Stop

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 07/01/2019

Name: [REDACTED]

History of Present Illness: This is a lady who has difficulties with attending physical therapy. She cannot wait for long time because of the baby and she states, so far, she did not get any improvement with cervicalgia and lower back as well as right shoulder started to become much more annoying for her because she cannot sleep on the right side and cannot do overhead activities. She was diagnosed with high-grade rotator cuff tear. Cervical MRI was unremarkable but lumbar MRI showed right foraminal disk herniation at L5-S1 impinging upon the thecal sac and exiting right L5 nerve root. Information was conveyed to the patient. She still complains of the neck pain despite negative MRI and pain with burning sensation in bilateral trapezius. She frequently feels paresthesias down to her arms.

Physical Examination:

Cervical spine-range of motion of the cervical spine is limited mostly on extension to 25 degrees to 30 degrees, forward flexion within 40 degrees, right and left lateral flexion within 30 degrees, and rotation within 60 degrees to 70 degrees but she has tender palpation over the bilateral trapezius. Trigger points in trapezius, scalene, and upper rhomboid which is more suggestive of posttraumatic myofasciitis.

Lumbar spine-reveals pain exacerbated by eliciting straight leg raising on the right side in supine position at 40 degrees and lumbar flexion only within 60 degrees.

Upper extremities-right shoulder despite full range of motion, she has painful abduction arc from 40 degrees to 110 degrees and discomfort on empty can and on Hawkins sign.

Plan: We discussed with the patient her treatment options. Her symptoms persist since February without significant improvement. On today's visit, I provided her with trigger point injections in the cervical girdle muscles mentioned above with improvement in the symptoms. The patient will be referred for EMG of the lower extremities due to radicular picture and possibly will benefit from interventional treatment. I also will refer her for orthopedic evaluation of the right shoulder. The patient will be followed with me in six to eight weeks. In the meantime, she will continue with physical therapy on twice-a-week basis.


Felix Karafin, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

Kevin Weiner, MD
Felix Karafin, MD

44 COURT ST. SUITE 1002
BROOKLYN, NY 11201
TEL. 718-488-7488
FAX: 718-488-7130

PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: _____

EVALUATE AND TREAT DIAGNOSIS: _____

FREQUENCY: ☐ 1x week x 6 weeks
☒ 2 x week x 6 weeks

☐ 3x week x 6 weeks
☐ 4x week x 6 weeks

MODALITIES:

- ☐ Moist Heat
- ☐ Cold Pack
- ☐ Whirlpool
- ☐ Ultrasound
- ☐ Electric Stimulation
- ☐ Paraffin
- ☐ Traction Cervical Lumbar
- ☐ Massage
- ☐ Myofascial Release
- ☐ _____

- ☐ Range of Motion Active/Passive
- ☐ Joint Mobilization
- ☐ Gait Training
- ☐ Neuromuscular Retraining
- ☐ Stretching
- ☐ ADL Activities
- ☐ Joint Conservation
- ☐ Chiropractic Care
- ☐ Acupuncture
- ☐ _____

☐ OTHER EVALUATE AND TREAT

GOALS:

- ☐ Increase Rom
- ☐ Decrease Pain/Edema
- ☐ Increase Strength
- ☐ _____

- ☐ Increase Mobility
- ☐ Improve Function
- ☐ Increase Fitness
- ☐ _____

- ☐ Patient Education
- ☐ Strengthen Short Muscles
- ☐ Strengthen Long Muscles
- ☐ _____

Precautions and/or Instructions: _____

Referring Physical Name: _____

Address: _____

Physician Signature: _____

Date: 7/1/19

Name:



Date: 7/1/19 ☐ FK ☐ KW

ALL BORO MEDICAL REHABILITATION PLLC

Treated: ☒ Neck ☐ Thoracic ☒ Lumbar ☐ Headaches ☐ R / L Knee

☒ R / L Shoulder ☐ R / L Hip ☐ R / L Hand / Wr / ___ Finger

☐ R / L Foot / Ankle / ___ Toe ☐ Other: _____

Proc Today: ☐ EMG ☐ ESI ☐ TP ☐ NB ☐ Other: _____

Workers Comp: ☐ 100 ☐ 75 ☐ 50 ☐ ___ % Disabled ☐ Working ☐ N/W

Medications / Aids _____

Upcoming

OV in ☐ 1 ☐ 2 ☐ 4 ☒ 6 ☐ 8 ☐ ___ wks _____

☐ EMG UE ☒ EMG LE ☐ ESI UE ☐ ESI LE _____

☐ EMG UE ☐ EMG LE ☐ ESI UE ☐ ESI LE _____

Dx Needed:

Specialists:

☒ R / L Shoulder ☐ R / L Knee ☐ R / L Hip _____

☐ R / L Hand ☐ R / L ___ Finger ☐ R / L Wrist _____

☐ Back ☐ Neck ☐ Neuro ☐ Psych _____

Phys. Therapy: 2 times per ___ weeks for 6 weeks ☐ Stop ☐ Other Facility

For: N / LB / Rt Shoulder

Acu: ___ times per week ☐ Stop

Chiro: ___ times per week ☐ Stop

All Boro Medical

369 East 149th St.
Bronx, New York 10455
Tel: (718)-676-6151

Test Date: 10/23/20

Patient: [REDACTED] DOB: [REDACTED] Physician: Felix Karafin MD
Sex: Female Height: 5' 5" Weight: 140 lbs.
Ref. Physician:

CHIEF COMPLAINT:

Patient is a 32 year old female who presents with prolonged history of post traumatic back pain radiating to the right lower extremity.

Nerve Conduction Studies

Anti Sensory Summary Table

Stim Site	NR	Onset (ms)	Norm Onset (ms)	P-T* Amp (µV)	Norm P-T Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Sural Anti Sensory (Lat Mall)											
Calf		2.5	<3.5	18.4	>10.0	Calf	Lat Mall	2.5	14.0	56	>40
Right Sural Anti Sensory (Lat Mall)											
Calf		2.6	<3.5	25.0	>10.0	Calf	Lat Mall	2.6	14.0	54	>40

Motor Summary Table

Stim Site	NR	Onset (ms)	Norm Onset (ms)	P-T* Amp (mV)	Norm P-T Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Peroneal Motor (Ext Dig Brev)											
Ankle		4.4	<6.0	3.2	>3.0	B Fib	Ankle	6.7	37.0	55	>40
B Fib		11.1		2.5	>3						
Right Peroneal Motor (Ext Dig Brev)											
Ankle		5.2	<6.0	2.0	>3.0	B Fib	Ankle	6.8	37.0	54	>40
B Fib		12.0		2.8	>3						
Left Tibial Motor (Abd Hall Brev)											
Ankle		3.9	<6.0	4.1	>3.0	Poplit	Ankle	8.4	42.0	50	>40
Poplit		12.3		3.5							
Right Tibial Motor (Abd Hall Brev)											
Ankle		4.1	<6.0	5.8	>3.0	Poplit	Ankle	8.4	42.0	50	>40
Poplit		12.5		4.4							

H Reflex Studies

NR	H-Lat (ms)	Lat Norm (ms)	L-R H-Lat (ms)
Left Tibial (Gastroc)			
	35.64	<30.0	4.00
Right Tibial (Gastroc)			
	31.64	<30.0	4.00

Paraspinal EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Comment
------	--------	-------	------	---------	------	-----	---------

Right	L3-4 Parasp	Rami	L3-4	Nml	0	0
Right	L4-5 Parasp	Rami	L4-5	Nml	0	0
Right	L5-S1 Parasp	Rami	L5-S1	Nml	0	1+
Left	L3-4 Parasp	Rami	L3-4	Nml	0	0
Left	L4-5 Parasp	Rami	L4-5	Nml	0	0
Left	L5-S1 Parasp	Rami	L5-S1	Nml	0	0

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Comment
Right	VastusMed	Femoral	L2-4	Nml	0	0	Nml	Nml	Nml	Nml	
Right	AntTibialis	Dp Br Peron	L4-5	Nml	0	0	Nml	Nml	Nml	Nml	
Right	Peroneus Long	Sup Br Peron	L5-S1	Nml	0	1+	Nml	Nml	Nml	Nml	
Right	MedGastroc	Tibial	S1-2	Nml	0	0	Nml	Nml	Nml	Nml	
Right	Iliopsoas	Femoral	L2-3	Nml	0	0	Nml	Nml	Nml	Nml	
Left	VastusMed	Femoral	L2-4	Nml	0	0	Nml	Nml	Nml	Nml	
Left	AntTibialis	Dp Br Peron	L4-5	Nml	0	0	Nml	Nml	Nml	Nml	
Left	Peroneus Long	Sup Br Peron	L5-S1	Nml	0	0	Nml	Nml	Nml	Nml	
Left	MedGastroc	Tibial	S1-2	Nml	0	0	Nml	Nml	Nml	Nml	
Left	Iliopsoas	Femoral	L2-3	Nml	0	0	Nml	Nml	Nml	Nml	

EMG & NCV FINDINGS:

Evaluation of the left peroneal motor nerve showed reduced amplitude (B Fib, 2.5 mV). The right peroneal motor nerve showed reduced amplitude (Ankle, 2.0 mV) and reduced amplitude (B Fib, 2.8 mV). All remaining nerves (as indicated in the following tables) were within normal limits.

H-reflex studies indicate that the left tibial H-reflex has prolonged latency (35.64 ms). The right tibial H-reflex has prolonged latency (31.64 ms).

Needle evaluation of the right L5-S1 Parasp and the right peroneus longus muscles showed slightly increased spontaneous activity. All remaining muscles showed no evidence of electrical instability.

IMPRESSION:

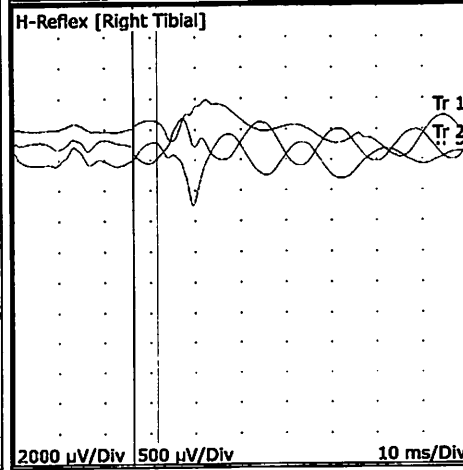
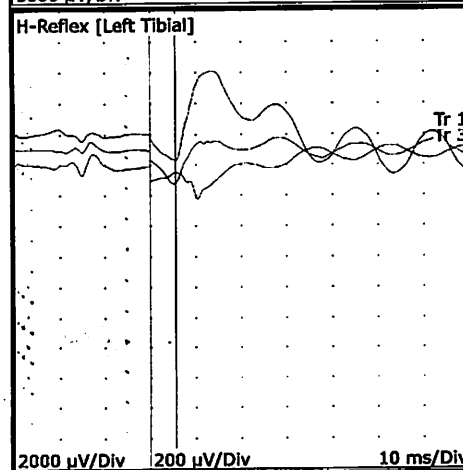
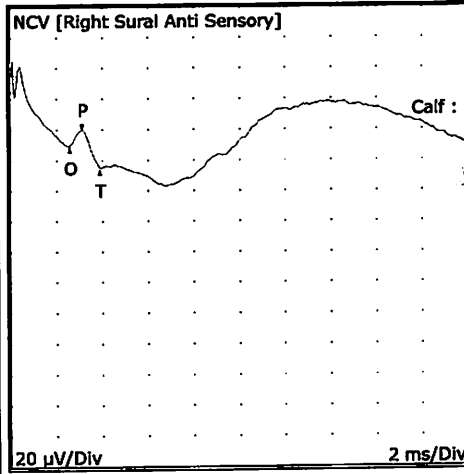
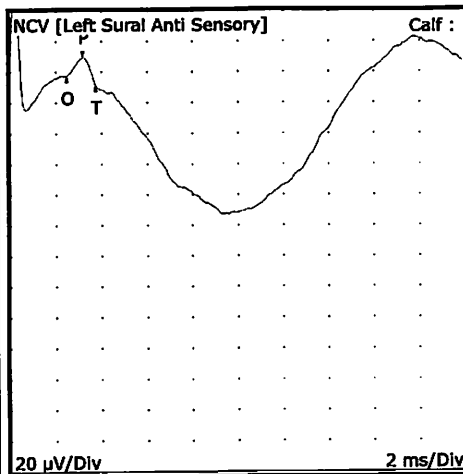
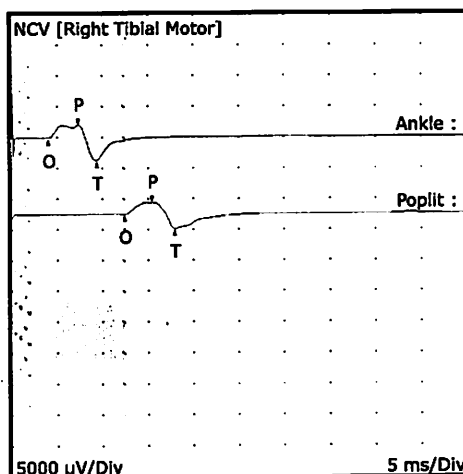
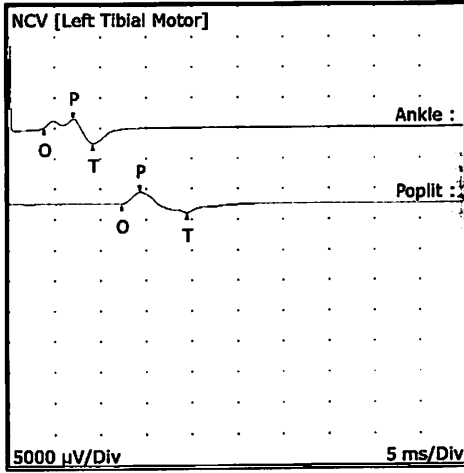
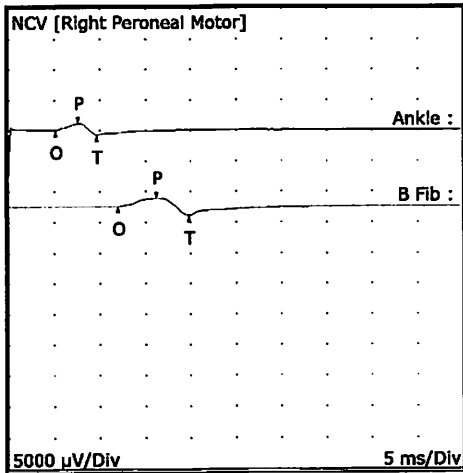
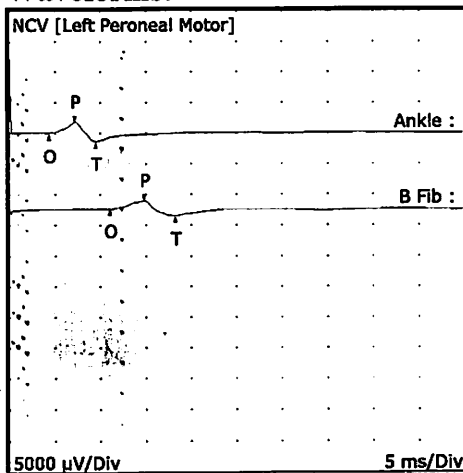
The above electrodiagnostic study reveals evidence of right L5 - S1 radiculopathy. The above electrodiagnostic study also reveals evidence of mild bilateral peroneal neuropathy.

RECOMMENDATIONS:

1. Patient may benefit from trigger point injections or epidural injections to help alleviate the pain.

Felix Karafin, M.D.
Board Certified, PM&R.

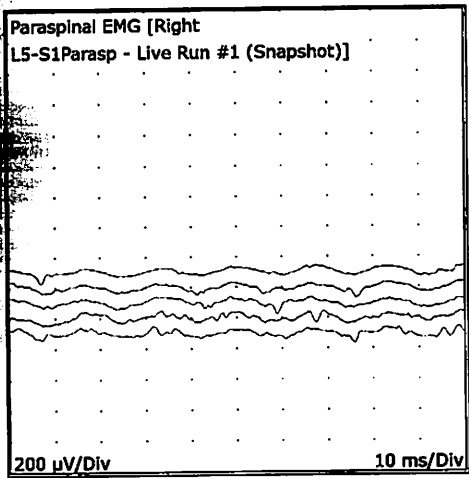
Waveforms:



Patient: [REDACTED]

Test Date: 10/23/2019

Page 4



Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 10/23/2019

Name: [REDACTED]

History of Present Illness: This lady who presents here still complaining of neck and lower back pain. Lower back pain is with predominant radiation towards the right side. The patient has significant spasms over the right quadratus lumborum. Neck pain is associated also with muscle spasms, so gives her tension headaches. The patient has problems with overhead activities. She always wants to stretch her neck and feels that it is still cracking despite her age. The patient had an MRI of the cervical spine, which revealed no abnormalities, so I assume that a stress sprain over the paraspinal ligaments can add to her issues, as well as sprain of the paraspinal muscles. Patient asked if any intervention could be done for her because just on the medications patient unable to function, so I provided her with trigger point injections in bilateral trapezius, cervical paraspinals, upper rhomboid and levator scapulae muscles. Patient tolerated the procedure well with improvement in her symptoms. Today the patient was referred for EMG and NCV of the lower extremities to rule in versus rule out radiculopathy. She underwent the tests today. The results revealed *finds* of a right L5 radiculopathy.

Plan: Information was conveyed to the patient as well as treatment options. She will continue with physical therapy and will be followed with me in a month.

Felix Karafin, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

Name:



Date:

10/23/19

☐

FK

☐

KW

ALL BORO MEDICAL REHABILITATION PLLC

Treated: ☐ Neck ☐ Thoracic ☒ Lumbar ☐ Headaches ☐ R / L Knee

☐ R / L Shoulder ☐ R / L Hip ☐ R / L Hand / Wr / ___ Finger

☐ R / L Foot / Ankle / ___ Toe ☐ Other: _____

Proc Today: ☒ EMG ☐ ESI ☐ TP ☐ NB ☐ Other: _____

Workers Comp: ☐ 100 ☐ 75 ☐ 50 ☐ ___ % Disabled ☐ Working ☐ N/W

Medications / Aids _____

Upcoming

OV in ☐ 1 ☐ 2 ☐ 4 ☒ 6 ☐ 8 ☐ ___ wks

☐ EMG UE ☒ EMG LE ☐ ESI UE ☐ ESI LE

☐ EMG UE ☐ EMG LE ☐ ESI UE ☐ ESI LE

Dx Needed:

Specialists:

☐ R / L Shoulder ☐ R / L Knee ☐ R / L Hip

☐ R / L Hand ☐ R / L ___ Finger ☐ R / L Wrist

☐ Back ☐ Neck ☐ Neuro ☐ Psych

Phys. Therapy: 2 times per ___ weeks for 6 weeks ☒ Stop ☐ Other Facility

For: n / LB / R / Sh

Acu: ___ times per week ☐ Stop

Chiro: ___ times per week ☐ Stop

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 12/06/2019

Name: [REDACTED]

History of Present Illness: This is a follow up for this female who comes in today with neck pain, right shoulder pain, and lower back pain. The patient has an appointment next week with the orthopedic surgeon regarding her right shoulder.

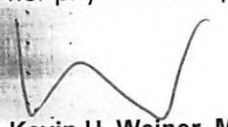
Physical Examination:

Cervical spine-she has limited range of motion of the cervical spine. Flexion 40 degrees, extension 35 degrees, lateral flexion 40/40 degrees, and rotation 65/60 degrees. There was tenderness to palpation along the cervical paraspinals.

Upper extremities-examination of the right shoulder revealed limited range of motion. Flexion was to 155 degrees and abduction to 150 degrees. Positive drop-arm sign. Positive Yergason. Motor strength was 4/5. She had a negative Tinel's. Negative Phalen's.

Lumbar spine-limited range of motion of the lumbar spine at 65/90 degrees and extension 10/25 degrees. There is pain along the quadratus lumborum.

Recommendations: Due to her persistent pain, she is to follow up with the surgeon and continue with her physical therapy. The patient will follow up in one month.



Kevin H. Weiner, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

All Boro Medical Rehabilitation PLLC

Physical Therapy Referral

369 East 149th Street, Third Floor
11615 Queens Boulevard, Main Floor

Bronx, NY 10455
Forest Hills, NY 11418

Phone: (718) 676-6151

Fax: (888) 511-2038

Patient Name: _____

Evaluate and Treat: _____

Frequency + Duration: _____

Days / week for _____ weeks

Days / 2 weeks for _____ weeks

Modalities

- ☐ Moist Heat
- ☐ Cold Heat
- ☐ Whirlpool
- ☐ Ultrasound
- ☐ Electric Stimulation
- ☐ Paraffin
- ☐ Traction: ☐ Cerv ☐ Lumb lbs _____
- ☐ Massage
- ☐ Manual Therapy
- ☐ Myofascial Release
- ☐ Evaluate and treat _____
- ☐ _____

Therapeutic Exercises

- ☐ Range of Motion ☐ Active ☐ Passive
- ☐ Joint Mobilization
- ☐ Gait Training
- ☐ Neuromuscular Retraining
- ☐ Muscle Strengthening
- ☐ Stretching
- ☐ ADL Activities
- ☐ Joint Conservation
- ☐ Isokinetic Test: Joint _____
- ☐ Back Education Program
- ☐ _____
- ☐ _____

Other: _____

Goals:

- ☐ Increase ROM ☐ Increase Mobility ☐ Patient Education
- ☐ Decrease Pain/Edema ☐ Improve Function ☐ Strengthen Short Muscles
- ☐ Increase Strength ☐ Increase Fitness ☐ Strengthen Long Muscles

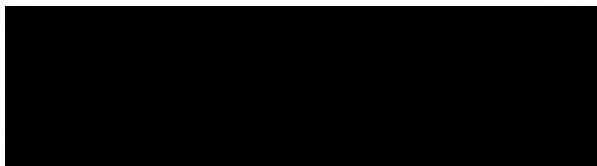
Precautions and/or Instructions: _____

Physician's Name: _____

Physician's Signature: _____

Date: 12/6/19

Name:



Date:

12/6/19

☐ FK
☐ K

ALL BORO MEDICAL REHABILITATION PLLC

Treated: ☒ Neck ☐ Thoracic ☒ Lumbar ☐ Headaches ☐ R / L Knee
☒ R / L Shoulder ☐ R / L Hip ☐ R / L Hand / Wr / ___ Finger
☐ R / L Foot / Ankle / ___ Toe ☐ Other: _____

Proc Today: ☐ EMG ☐ ESI ☐ TP ☐ NB ☐ Other: _____

Workers Comp: ☐ 100 ☐ 75 ☐ 50 ☐ ___ % Disabled ☐ Working ☐ N/W

Medications / Aids _____

Upcoming

OV in ☐ 1 ☐ 2 ☐ 4 ☒ 6 ☐ 8 ☐ ___ wks
☐ EMG UE ☐ EMG LE ☐ ESI UE ☐ ESI LE
☐ EMG UE ☐ EMG LE ☐ ESI UE ☐ ESI LE

Dx Needed:

Specialists:

☐ R / L Shoulder ☐ R / L Knee ☐ R / L Hip
☐ R / L Hand ☐ R / L ___ Finger ☐ R / L Wrist
☐ Back ☐ Neck ☐ Neuro ☐ Psych

Phys. Therapy: 2 times per ___ weeks for 6 weeks ☐ Stop ☐ Other Facility

For:

n / LB / R / Sh

Acu: ___ times per week ☐ Stop

Chiro: ___ times per week ☐ Stop

ALL BORO MEDICAL REHABILITATION PLLC

- NF • WC • Bronx 369 East 149th Street Third Floor Bronx, NY 10455
- Lien • Queens 11615 Queens Blvd Main Floor Forest Hills, NY 11375

Patient Name: [REDACTED]

Date of Incident: _____

Date of Service: 12/20/2019

PT DAILY NOTES

Subjective: Pt. Ch pain on L/S (R) Shoulder area PS ____ / 10

Objective: Please see Initial Evaluation

Assessment:

Today's Improvements Include:

Pt tolerated tx: _____

____ Well

____ Fair

Plan: _____

____ Initiate PT

____ Continue PT

____ D/C PT

Valery Compres Lic. 011272

Jasmin Fausino Lic. 029425

Body Part Treated:

M25.519 Shoulder (R)

____ M25.529 Elbow

____ M25.539 Wrist

____ M25.549 Hand

____ M25.559 Hip

____ M25.569 Knee

____ M25.579 Foot/Ankle

M54.2 Cervical

M54.5 Lumbar

____ M54.6 Thoracic

____ R07.89 Chest

Treatments Received:

97162 ____ Initial Evaluation

97001 ____ Re-Evaluation

97014 ____ E-Stim/TENS x 15 mins

97035 ____ US ____ w/cm x ____ mins

97010 ____ MHP/CP x 15 mins

97018 ____ Paraffin

97530 ____ Thera-acts x 15 mins

97140 ____ Manual Therapy

97124 ____ STM-MFR

97110 ____ Thera-ex x 15 mins (stretch/strength)

97112 ____ Neuromuscular re-educ./PNF x 15 mins

97140 ____ Joint mobilization

INITIAL EVALUATION

Patient Name: [REDACTED]

Date: 12/20/19

Dx: LBP, Cervicalgia, RSh. Pain
 001 = 2/19/19 - Slip & fall
 Subjective Complaints:

Pt. c/o pain on c/s, @ Shoulder
 p a slip & fall accident.
 Pt. was taking therapy at
 Brooklyn since February - minimal
 relief.

Body Part	Radiating To	Pain 0-10	Con-stant	Inter-mittent
Neck Pain	RUE	LUE	8-10	/
Upper Back Pain	RUE	LUE		
Mid Back Pain				
Lower Back Pain	RLE	LLE	8-10	/
Shoulder R/L			8-10	/
Elbow R/L				
Wrist/Hands R/L				
Hips R/L				
Knees R/L				
Ankle/Foot R/L				

Pt. is scheduled to do RSh. Surgery
 on January.
 PMHx none significant
 Occupation = none
 Alert, oriented x3

Objective Findings:

Area	Tender-ness	Muscle Spasm	ROM restriction	Weakness
Cervical	/	/	/	4-
Upper Back	/	/	/	
Thoracic	/	/	/	
Lower Back	/	/	/	4-
Shoulder R/L	/	/	/	4-
Extremities	/	/	/	
45° flexion = 0-35° extension = 0-40°				

DOB: [REDACTED]

45° flexion = 0-50°
 extension = 0-10°
 RSh - flexion = 0-170°
 Abduction = 0-170°
 Hamstring tightness
 Versaguard Cat (R)
 Alert & oriented x3

Assessment:

Decreased ROM & ms. strength
 Difficulty in doing chemo/work
 that involves overhead reaching
 lifting/carrying heavy c/s &
 taking care of his 1 y/o son
 Sleep Disturbed
 Decreased tolerance in negotiating stairs
 walking long distances
 Short Term Goals: Tenderness p/s on CTS paraspinals
 to 5/10 B trap, P deltoid
 Rhomboid
☒ Decrease pain
☒ Improve ROM
☒ Increase mm strength by 10%
☒ Improve body mechanics by 1/2 ms gr.
☒ Initiate HEP

Long Term Goals:

- ☒ Normalize posture
- ☒ Normalize ROM
- ☒ Normalize mm strength
- ☒ Independent ADL
- ☒ Independent HEP

Recommended Treatment:

- ☒ Therapeutic Exercises
- ☒ Electrical Stimulation
- ☒ Ultrasound
- ☒ Hot/Cold pack
- ☒ Therapeutic Massage
- ☒ Manual Therapy
- ☒ Therapeutic Activities
- ☒ Home Exercise Program

Frequency and Duration of Visits:

2x/week for 12 wks.

ALL BORO MEDICAL REHABILITATION PLLC

• NF • WC • Bronx 369 East 149th Street Third Floor Bronx, NY 10455
 • Lien 15 Queens Blvd Main Floor Forest Hills, NY 11375

Patient Name: _____

Date of Incident: _____

Date of Service: _____

12/24/19

PT DAILY NOTES

Subjective: _____

A. cp. pain on neck / (R) Shoulder area &
ms. stiffness

PS 17 / 10

Objective: _____

(P) gr tenderness on (B) trapez. o/s paraspinal ms.

Assessment: _____

Today's Improvements Include: _____

Pt tolerated tx: _____

Well

Fair

Plan: _____

Initiate PT

Continue PT

D/C PT

Valery Compres Lic. 011272

Jasmin Faustino Lic. 029425

Body Part Treated:

Treatments Received:

___ M25.519 Shoulder

97001

Initial Evaluation

___ M25.529 Elbow

97001

Re-Evaluation

___ M25.539 Wrist

97014

E-Stim/TENS x 15 mins

___ M25.549 Hand

97035

US w/cm x _____ mins

___ M25.559 Hip

97010

MHP/CP x 15 mins

___ M25.569 Knee

97018

Paraffin

___ M25.579 Foot/Ankle

97530

Thera-acts x 15 mins

___ M54.2 Cervical

97140

Manual Therapy

___ M54.5 Lumbar

97124

STM-MFR

___ M54.6 Thoracic

97110

Thera-ex x 15 mins (stretch/strength)

___ R07.89 Chest

97112

Neuromuscular re-educ./PNF x 15 mins

97140

Joint mobilization

Exam requested by:
FELIX KARAFIN MD
44 COURT STREET, SUITE 100
Brooklyn New York 11201

Patient: [REDACTED]
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED]
Date of Exam: 04-17-2019

EXAM: MRI-SPINE CERVICAL WITHOUT CONTRAST

TECHNIQUE: T1, proton density and T2-weighted sagittal, as well as T1 and T2*-weighted axial and sagittal images of the cervical spine were obtained in a closed 1.5 tesla magnet.

INDICATION: Status Post Trauma

FINDINGS: At C2-C3, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At C3-C4, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At C4-C5, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At C5-C6, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At C6-C7, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

The discs are of normal height.

The marrow signal and cord signal are normal.

The craniocervical junction is unremarkable.

There is no fracture or listhesis.

IMPRESSION: Normal cervical spine examination.

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas
Electronically Signed: 04-18-2019 12:07 PM

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service.



Exam requested by:
FELIX KARAFIN MD
44 COURT STREET, SUITE 100
Brooklyn New York 11201

Patient: [REDACTED]
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED]
Date of Exam: 04-17-2019

EXAM: MRI-SPINE LUMBAR WITHOUT CONTRAST

TECHNIQUE: T1, proton density and T2-weighted sagittal, as well as T1 and T2*-weighted axial and sagittal images of the lumbar spine were obtained in a closed.1.5 tesla tesla magnet.

INDICATION: Status Post Trauma

FINDINGS: At L5-S1, there is a central to right foraminal disc herniation impinging upon the thecal sac and narrowing the right-sided neural foramen. The herniation impinges upon the exiting right L5 nerve root. Clinical correlation is in order

At L4-L5, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L3-L4, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L2-L3, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L1-L2, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

The discs are of normal height.

The marrow signal and conus medullaris are unremarkable.

There is no fracture or listhesis.

IMPRESSION: Focal central to right foraminal disc herniation at L5-S1 impinging upon the thecal sac and the exiting right L5 nerve root.

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas
Electronically Signed: 04-18-2019 12:07 PM

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service.



Exam requested by:
FELIX KARAFIN MD
44 COURT STREET, SUITE 100
Brooklyn New York 11201

Patient: [REDACTED]
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED]
Date of Exam: 04-17-2019

EXAM: MRI-SHOULDER WITHOUT CONTRAST RIGHT

TECHNIQUE: Coronal proton density and coronal proton density fat saturated images as well as sagittal proton density fat saturated images and axial proton density T1 and fat saturated images were obtained in a 1.5 tesla magnet.

INDICATIONS: Status post trauma

FINDINGS: There is a high-grade partial tear both supraspinatus and infraspinatus tendons extending to the distal insertion with a subdeltoid and subacromial bursal effusion.

Remainder of the rotator cuff tendons are intact.

There are hypertrophic changes at the acromioclavicular joint with no significant impingement upon supraspinatus musculotendinous junction.

The marrow signal is normal with no fracture or osteochondral defect. There is no os acromiale.

The extra-articular segment of the biceps tendon is normally located and intact.

There is a tear of the anterior labrum.

Remainder of the labrum is unremarkable.

IMPRESSION: There is a high-grade partial rotator cuff tear involving the supraspinatus and infraspinatus tendons extending to their distal insertion with a subdeltoid and subacromial bursal effusion.

Tear of the anterior labrum. Joint effusion

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas
Electronically Signed: 04-18-2019 12:06 PM

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service.



Maximum Orthopedics

44 Court Street, Suite 1002

Brooklyn, NY 11201

Tel: 718-488-7488

Fax: 718-488-7130

Date: 7-22-2020

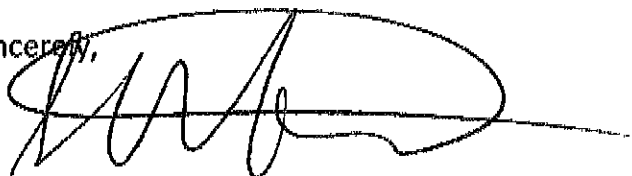
RE: Radiological Films

To Whom It May Concern,

Please be aware that we do not provide films or CD for any medical records that are requested.

You should contact the facility that the patient attended and request them.

Sincerely,

A handwritten signature in black ink, appearing to be 'Sonia V. Monserrate', written over a horizontal line.

Sonia V. Monserrate

Medical Records Coordinator

Kevin Weiner, MD
Felix Karafin, MD

44 COURT ST. SUITE 1002
BROOKLYN, NY 11201
TEL. 718-488-7488
FAX: 718-488-7130

PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME

EVALUATE AND TREAT DIAGNOSIS:

R 84 / N / LB

FREQUENCY: ☐ 1x week x 6 weeks
☒ 2x week x 6 weeks

☐ 3x week x 6 weeks
☐ 4x week x 6 weeks

MODALITIES:

- ☐ Moist Heat
- ☐ Cold Pack
- ☐ Whirlpool
- ☐ Ultrasound
- ☐ Electric Stimulation
- ☐ Paraffin
- ☐ Traction Cervical Lumbar
- ☐ Massage
- ☐ Myofascial Release
- ☐ _____

- ☐ Range of Motion Active/Passive
- ☐ Joint Mobilization
- ☐ Gait Training
- ☐ Neuromuscular Retraining
- ☐ Stretching
- ☐ ADL Activities
- ☐ Joint Conservation
- ☐ Chiropractic Care
- ☐ Acupuncture
- ☐ _____

☐ OTHER EVALUATE AND TREAT

GOALS:

- ☐ Increase Rom
- ☐ Decrease Pain/Edema
- ☐ Increase Strength
- ☐ _____

- ☐ Increase Mobility
- ☐ Improve Function
- ☐ Increase Fitness
- ☐ _____

- ☐ Patient Education
- ☐ Strengthen Short Muscles
- ☐ Strengthen Long Muscles
- ☐ _____

Precautions and/or Instructions: _____

Referring Physical Name: _____

Address: _____

Physician Signature: _____

Date: 3/18/19

Kevin Weiner, MD
Felix Karafin, MD

44 COURT ST. SUITE 1002
BROOKLYN, NY 11201
TEL. 718-488-7488
FAX: 718-488-7130

PHYSICAL THERAPY PRESCRIPTION

PATIENT NAME: 

EVALUATE AND TREAT DIAGNOSIS:

R 34 / N / LB

FREQUENCY: ☐ 1x week x 6 weeks
☒ 2x week x 6 weeks

☐ 3x week x 6 weeks
☐ 4x week x 6 weeks

MODALITIES:

- ☐ Moist Heat
- ☐ Cold Pack
- ☐ Whirlpool
- ☐ Ultrasound
- ☐ Electric Stimulation
- ☐ Paraffin
- ☐ Traction Cervical Lumbar
- ☐ Massage
- ☐ Myofascial Release
- ☐ _____

- ☐ Range of Motion Active/Passive
- ☐ Joint Mobilization
- ☐ Gait Training
- ☐ Neuromuscular Retraining
- ☐ Stretching
- ☐ ADL Activities
- ☐ Joint Conservation
- ☐ Chiropractic Care
- ☐ Acupuncture
- ☐ _____

☐ OTHER EVALUATE AND TREAT

GOALS:

- ☐ Increase Rom
- ☐ Decrease Pain/Edema
- ☐ Increase Strength
- ☐ _____

- ☐ Increase Mobility
- ☐ Improve Function
- ☐ Increase Fitness
- ☐ _____

- ☐ Patient Education
- ☐ Strengthen Short Muscles
- ☐ Strengthen Long Muscles
- ☐ _____

Precautions and/or Instructions: _____

Referring Physical Name: _____

Address: _____

Physician Signature: 

Date: *7/1/19*

All Boro Medical Rehabilitation PLLC

Physical Therapy Referral

369 East 149th Street, Third Floor
11615 Queens Boulevard, Main Floor

Bronx, NY 10455
Forest Hills, NY 11418

Phone: (718) 676-6151

Fax: (888) 511-2038

Patient Name: _____

Evaluate and Treat: _____

Frequency + Duration: _____

Days / week for 6 weeks
Days / 2 weeks for _____ weeks

Modalities

- ☐ Moist Heat
- ☐ Cold Heat
- ☐ Whirlpool
- ☐ Ultrasound
- ☐ Electric Stimulation
- ☐ Paraffin
- ☐ Traction: ☐ Cerv ☐ Lumb lbs _____
- ☐ Massage
- ☐ Manual Therapy
- ☐ Myofascial Release
- ☐ Evaluate and treat _____
- ☐ _____

Therapeutic Exercises

- ☐ Range of Motion ☐ Active ☐ Passive
- ☐ Joint Mobilization
- ☐ Gait Training
- ☐ Neuromuscular Retraining
- ☐ Muscle Strengthening
- ☐ Stretching
- ☐ ADL Activities
- ☐ Joint Conservation
- ☐ Isokinetic Test: Joint _____
- ☐ Back Education Program
- ☐ _____
- ☐ _____

Other: _____

Goals:

- ☐ Increase ROM
- ☐ Increase Mobility
- ☐ Patient Education
- ☐ Decrease Pain/Edema
- ☐ Improve Function
- ☐ Strengthen Short Muscles
- ☐ Increase Strength
- ☐ Increase Fitness
- ☐ Strengthen Long Muscles

Precautions and/or Instructions: _____

Physician's Name: _____

Physician's Signature: _____

Date: 10/23/19

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART# [REDACTED]

PATIENT'S NAME: [REDACTED]

SUBJECTIVE: Pt today c/o minimal neck and lower back pain and spasm.

MODALITIES:

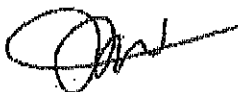
- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
- ☐ 97014 ELECTRICAL STIMULATION (UNATTENDED)
- ☐ 97010 HOT/COLD PACK
- ☒ 97140 MANUAL THERAPY TECHNIQUES
- ☒ 97110 THERAPEUTIC EXERCISES
- ☐ 97530 THERAPEUTIC ACTIVITIES
- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:



DATE: 07/01/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART#

PATIENT'S NAME:

SUBJECTIVE: Pt today c/o minimal neck and lower back pain and spasm.

MODALITIES:

- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
- ☐ 97014 ELECTRICAL STIMULATION (UNATTENDED)
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- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:



DATE: 07/10/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART#

PATIENT'S NAME:

SUBJECTIVE: Pt today c/o minimal neck pain and spasm.

MODALITIES:

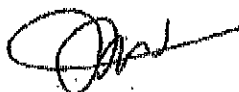
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- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:



DATE: 07/12/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART#: [REDACTED]

PATIENT'S NAME [REDACTED]

SUBJECTIVE: Pt today c/o minimal neck pain and stiffness.

MODALITIES:

- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
- ☐ 97014 ELECTRICAL STIMULATION (UNATTENDED)
- ☐ 97010 HOT/COLD PACK
- ☒ 97140 MANUAL THERAPY TECHNIQUES
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- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:  DATE: 07/18/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART#: [REDACTED]

PATIENT'S NAME: [REDACTED]

SUBJECTIVE: Pt today c/o minimal neck pain at 6/10 on PS.

MODALITIES:

- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
- ☐ 97014 ELECTRICAL STIMULATION (UNATTENDED)
- ☐ 97010 HOT/COLD PACK
- ☒ 97140 MANUAL THERAPY TECHNIQUES
- ☒ 97110 THERAPEUTIC EXERCISES
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- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER: _____

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE: _____



DATE: 07/19/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART# [REDACTED]

PATIENT'S NAME: [REDACTED]

SUBJECTIVE: Pt today c/o minimal neck pain and spasm.

MODALITIES:

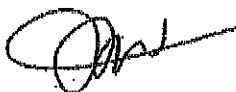
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- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER: _____

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:



DATE: 07/26/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

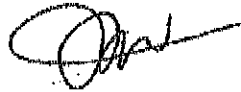
CHART#

PATIENT'S NAME

SUBJECTIVE: Pt today c/o minimal-moderate neck and lower back pain and spasm.MODALITIES:

- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
- ☐ 97014 ELECTRICAL STIMULATION (UNATTENDED)
- ☐ 97010 HOT/COLD PACK
- ☒ 97140 MANUAL THERAPY TECHNIQUES
- ☒ 97110 THERAPEUTIC EXERCISES
- ☐ 97530 THERAPEUTIC ACTIVITIES
- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELLPLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNEDPHYSICAL THERAPIST SIGNATURE:DATE: 10/25/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART# [REDACTED]

PATIENT'S NAME: [REDACTED]

SUBJECTIVE: Pt today c/o minimal lower back pain and spasm.

MODALITIES:

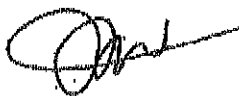
- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
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- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:



DATE: 10/29/2019

BESTCARE PT& CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART#

PATIENT'S NAME:

SUBJECTIVE: Pt today c/o minimal lumbar pain and spasm.

MODALITIES:

- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
- ☐ 97014 ELECTRICAL STIMULATION (UNATTENDED)
- ☐ 97010 HOT/COLD PACK
- ☒ 97140 MANUAL THERAPY TECHNIQUES
- ☒ 97110 THERAPEUTIC EXERCISES
- ☐ 97530 THERAPEUTIC ACTIVITIES
- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:



DATE: 11/05/2019

BESTCARE PT & CHIRO, PLLC

44 COURT STR, STE 1002

BROOKLYN NY 11201

T (718) 401-1111, F (718) 401-2723

CHART#

PATIENT'S NAME:

SUBJECTIVE: Pt today c/o minimal-moderate lower back pain and spasm when walking.

MODALITIES:

- ☐ 97032 ELECTRICAL STIMULATION (MANUAL)
- ☐ 97014 ELECTRICAL STIMULATION (UNATTENDED)
- ☐ 97010 HOT/COLD PACK
- ☒ 97140 MANUAL THERAPY TECHNIQUES
- ☒ 97110 THERAPEUTIC EXERCISES
- ☐ 97530 THERAPEUTIC ACTIVITIES
- ☐ 97018 PARAFFIN BATH
- ☐ 97035 ULTRASOUND
- ☐ 97124 ELECTRICAL MASSAGE THERAPY

OTHER--

ASSESSMENT: PATIENT TOLERATED TREATMENT WELL

PLAN: TO CONTINUE PHYSICAL THERAPY AS PLANNED

PHYSICAL THERAPIST SIGNATURE:



DATE: 11/06/2019



CENTER for
MUSCULOSKELETAL and
NEUROLOGICAL CARE

Manhattan

110 Duane St., New York NY 10007

Tel: 212 882-1110, Fax: 212 882-1120

RADIOLOGY RESULT

PATIENT DEMOGRAPHICS

Patient: [REDACTED]
DOB: [REDACTED] Age: 35 year Sex: Female
Address: [REDACTED]
Phone: [REDACTED]

GUARANTOR & INSURANCE INFORMATION

Insurance: LIEN (PA)
Guarantor: [REDACTED]
Policy# DOA: 02-19-2019
Group#

LAB VENDOR DETAILS

Lab Name:
Address:
Phone: Fax:

ORDERING PHYSICIAN DETAILS

Ordering Physician Name: Michael Gerling, M.D.
Order#: [REDACTED] Order Date: 04-18-2019
Result Date: 2019-04-18 00:00:00.0

Sr.No.	Test Name	Result	Abn-Type
1	MRI CSP w/o Contrast		

KOLB

IMPRESSION: Normal cervical spine examination.

Michael Gerling, M.D.

This has been electronically signed on 04-18-2019.

Result by Prosper Jerome, NP-C last date time 2022-03-29 10:06:58
EST

Enc Edit by date time

Enc Reopen by date time

Final Report

Name: [REDACTED]

ID: [REDACTED]

Sex: F

DoB: [REDACTED]

Order#: [REDACTED]

Completed: Apr 17, 2019

09:20

Referred by: FELIX
KARAFIN MD.

Description: MRI-Spine Cervical without contrast

Main Report

Radiologist: tkolb. Thomas
Kolb

Report Date: Apr 18, 2019
12:07

Transcriptionist:

Approved by: tkolb. Thomas
Kolb

Approval Date: Apr 18, 2019
12:07

Key Images: 0

OBSERVATION

EXAM: MRI-Spine Cervical without contrast

TECHNIQUE: T1, proton density and T2-weighted sagittal, as well as T1 and T2*-weighted axial and sagittal images of the cervical spine were obtained in a closed 1.5 tesla magnet.

INDICATION: Status Post Trauma

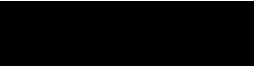
FINDINGS: At C2-C3, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. At C3-C4, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. At C4-C5, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. At C5-C6, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. At C6-C7, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. The discs are of normal height. The marrow signal and cord signal are normal. The craniocervical junction is unremarkable. There is no fracture or listhesis.

IMPRESSION: Normal cervical spine examination.

Electronically Signed By: Thomas Kolb MD

Electronically signed by

tkolb. Thomas Kolb
Apr 18, 2019 12:07



RADIOLOGY RESULT

PATIENT DEMOGRAPHICS

Patient: [REDACTED]
DOB: [REDACTED] ge: 35 year Sex: Female
Address: [REDACTED]
Phone: [REDACTED]

GUARANTOR & INSURANCE INFORMATION

Insurance: LIEN (PA)
Guarantor: [REDACTED]
Policy# DOA: 02-19-2019
Group#

LAB VENDOR DETAILS

Lab Name:
Address:
Phone: Fax:

ORDERING PHYSICIAN DETAILS

Ordering Physician Name: Michael Gerling, M.D.
Order# [REDACTED] Order Date: 04-19-2019
Result Date: 2019-04-19 00:00:00.0

Sr.No.	Test Name	Result	Abn-Type
1	MRI LSP w/o Contrast	PJ: Right foraminal HNP L5-S1	

KOLB

Focal central to right foraminal disc herniation at L5-S1 impinging upon the thecal sac and the exiting right L5 nerve root.



Michael Gerling, M.D.

This has been electronically signed on 04-19-2019.

Result by Melissa Baker last date time 2022-03-29 11:00:38 EST

Enc Edit by Prosper Jerome, NP-C date time 03-29-2022 07:07 EST

Enc Reopen by date time

Final Report

Name:**DoB:****ID:****Order#:****Sex:** F**Completed:** Apr 17, 2019

09:00

Referred by: FELIX
KARAFIN MD.**Description:** MRI-Spine Lumbar without contrast

Main Report

Radiologist: tkolb. Thomas
Kolb**Report Date:** Apr 18, 2019
12:07**Transcriptionist:****Approved by:** tkolb. Thomas
Kolb**Approval Date:** Apr 18, 2019
12:07**Key Images:** 0

OBSERVATION

EXAM: MRI-Spine Lumbar without contrast

TECHNIQUE: T1, proton density and T2-weighted sagittal, as well as T1 and T2*-weighted axial and sagittal images of the lumbar spine were obtained in a closed.1.5 tesla tesla magnet.

INDICATION: Status Post Trauma

FINDINGS: At L5-S1, there is a central to right foraminal disc herniation impinging upon the thecal sac and narrowing the right-sided neural foramen. The herniation impinges upon the exiting right L5 nerve root. Clinical correlation is in order. At L4-L5, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. At L3-L4, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. At L2-L3, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. At L1-L2, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable. The discs are of normal height. The marrow signal and conus medullaris are unremarkable. There is no fracture or listhesis.

IMPRESSION: Focal central to right foraminal disc herniation at L5-S1 impinging upon the thecal sac and the exiting right L5 nerve root.

Electronically Signed By: Thomas Kolb MD

Electronically signed by

tkolb. Thomas Kolb
Apr 18, 2019 12:07



CENTER for
MUSCULOSKELETAL and
NEUROLOGICAL CARE

Manhattan

110 Duane St., New York NY 10007

Tel: 212 882-1110, Fax: 212 882-1120

Progress Report

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
[REDACTED]	[REDACTED]	[REDACTED]	Female
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Michael Gerling, M.D.	AllBoro Rehab Steve	03-29-2022	[REDACTED]
Appointment Location:	Appointment Location Address:		
Manhattan	110 Duane St., New York NY 10007		

Mechanism of Injury/Nature of Illness:

02-19-2019 Slip and fall in front of market. Injured neck, right shoulder and lower back. Neck pain radiates to right shoulder, and axial lower back pain

Main findings:

Lumbar disk herniation

MRI 4/19/19: Focal central to right foraminal disc herniation at L5-S1 impinging upon the thecal sac and the exiting right L5 nerve root..

Right shoulder derangement.

Cervicalgia.

Surgical History (If applicable):

No Known Surgical History

History of Present Illness:

Initial Patient Visit - New

Mrs. Giselle Hills is a 35 year year old female who presents today with neck, low back and right shoulder complaints, with the pain in the neck being the most severe. The symptoms began as the result of: "slip and fall" The symptoms have been present for 2 years and are becoming progressively worse. Since the onset, she has not been able to work. They were not working at the time the accident occurred. Mrs. Hills requires assistance with activities of daily living including chores, shopping and lifting and similar tasks for which she now relies on her family for help. The symptoms have impaired her ability to sleep normally.

Neck Specific Findings:

The patient's neck pain is rated 7/10.

The patient has radiating pain to the to the upper back and right shoulder.

The patient's radicular pain is rated 6/10.

The patient reports numbness/paraesthesias in the right hand and left hand.
The patient reports clumsiness of the hands.
The patient reports worsening of balance including instances of tripping/stumbling.

Back Specific Findings:

The patient's back pain is rated 8/10.

Physical therapy:

No recent therapy.
Neck injections have been attempted 2 time(s) with temporary relief
Back injections have been attempted 2 time(s) with temporary relief

Medications include:

other medications.

Other medications include:
naproxen

Accident details:

The patient was involved in a slip and fall accident while at a store. After the accident, they went to the hospital for care on 02-19-2019.

Prior Neck and Back History:

The patient was asymptomatic in the neck prior to the accident
The patient was asymptomatic in the back prior to the accident

Outside Medical Care & Conservative Management History as of 03-29-2022:

Physical therapy for neck and back few sessions completed in 2019.

Unsure of type of injections , 2 for neck and back.

Past Medical History

No Known Past Medical History

Current Medication

No Known Medication

Allergy

No Known Drug Allergies.

Review of Systems:

Constitutional Symptoms: Negative except for details in HPI . **Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments. **Respiratory:** Negative for respiratory complaints other than those listed under past medical history. **Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history. **Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history. **Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history. **Musculoskeletal:** Negative except for details in HPI **Neurological:** Negative except for details in HPI **Psychiatric:** Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments. **Endocrine:** Negative for endocrinology complaints other than those listed under past medical

history. **Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history. **Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

Social History:

Use of Drugs / Alcohol / Tobacco: Smoking Status (MU) never smoker.

Work History: She is unemployed at present. The patient states that they are right hand dominant.

Vitals:

Weight: 145 lbs. **Height:** 66 inches.

Physical Examination:

General: Patient is alert and oriented. They present sagittally balanced.
She is in no acute distress.

Cervical Spine Exam: The cervical spine has limited range of motion due to pain with tenderness to palpation and spasm noted lower cervical, midline.

Spurling's sign: Positive on the right.

- ROM Flexion: 55 degrees (Normal: 60 degrees) with firm endpoint palpable.
- ROM Extension: 50 degrees (Normal: 75 degrees) with firm endpoint palpable.
- ROM Left lateral rotation: 70 degrees (Normal: 80 degrees) with firm endpoint palpable.
- ROM Right lateral rotation: 65 degrees (Normal: 80 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

Examination of the Thoracolumbar Spine: ***The thoracolumbar spine is tender to palpation midline lower lumbar.***

- ROM Forward Flexion: 50 degrees (Normal: 110 degrees) with firm endpoint palpable.
- ROM Extension: 10 degrees (Normal: 25 degrees) with firm endpoint palpable.

Gait/Balance: The patient displays a grossly stable gait.

Musculoskeletal exam: Both upper extremities were examined. There was no gross mal-alignment or deformity.

There is pain with right shoulder abduction There is impingement of the right shoulder.

Both lower extremities were examined. Right knee tenderness

Neurology - Deep Tendon Reflexes:

Upper Extremities:

- Right biceps: 3+. Left biceps: 3+.
- Right triceps: 3+. Left triceps: 3+.
- Right brachioradialis 3+. Left brachioradialis: 3+.

Hoffman's testing: Negative

Lower Extremities:

- Right patella: Unable to test due to pain. ***Left patella: 3+.***
- ***Right Achilles: 3+. Left Achilles: 3+.***

Motor:

Upper Extremities:

- **Right deltoids: 4/5** Left deltoids: 5/5
- **Right biceps: 4/5** Left biceps: 5/5
- **Right wrist extension: 4/5** Left wrist extension: 5/5
- Right triceps: 5/5 Left triceps: 5/5
- **Right grip: 4/5** Left grip: 5/5
- **Right IO: 4/5** Left IO: 5/5

Lower Extremities:

- Right EHL: 5/5 Left EHL: 5/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5
- **Right Hamstrings: 4/5** Left Hamstrings: 5/5
- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5

Sensation:

Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.

Lower Extremities: Grossly intact in the L3-S1 dermatomes.

Diagnostic Studies Reviewed:

Order No: EXT0036869 Dated: 04-18-2019

Test	Result
Magnetic Resonance Imaging	
MRI CSP w/o Contrast	

Radiology Remarks: KOLB

IMPRESSION: Normal cervical spine examination.

Order No: EXT0036870 Dated: 04-19-2019

Test	Result
Magnetic Resonance Imaging	
MRI LSP w/o Contrast	PJ: Right foraminal HNP L5-S1

Radiology Remarks: KOLB

Focal central to right foraminal disc herniation at L5-S1 impinging upon the thecal sac and the exiting right L5 nerve root.

Order No: EXT0036873 Dated: 03-29-2022

Test	Result
X-Ray	
XR CSP - AP/Lat + Flex/Ex	MG: No fractures or dislocations

Radiology Remarks: Duane on ambra

Order No: EXT0036874 Dated: 03-29-2022

Test	Result
X-Ray	
XR LSP - AP/Lat + Flex/Ex	PJ: no fractures or dislocations.

Radiology Remarks: Duane on ambra

Assessment and Plan:

ICD: Lumbar disc herniation (M51.26)

Assessment: Lumbar disk herniation

MRI 4/19/19: Focal central to right foraminal disc herniation at L5-S1 impinging upon the thecal sac and the exiting right L5 nerve root.

Plan: - Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- Physical Therapy was prescribed today for the back along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- Surgical indications: I recommended a Right L5-S1 disectomy to the patient today if they fail to get relief from further conservative management treatments.

We discussed the risks and benefits of the proposed surgery at length today, the goals for treatment, peri-operative care, short-term and long-term prognosis. After lengthy discussion, the patient expressed understanding of the following issues: Though the primary goal of decompression is relief of neurologic symptoms, there are no guarantees of symptom relief, and no guarantees of improved neurologic function; Some patients have new or worsening neurologic symptoms after surgery that can be permanent at times; There is a high likelihood that axial symptoms will continue or worsen after the procedure; Reoccurrence of herniation or stenosis may require repeat decompression or fusion; Intra-operative findings or events sometimes prompt a change in plans with inclusion or exclusion of levels, a modification of the procedure, including possibly fusion with instrumentation, at the same or different operative levels; When discography is performed, it can accelerate degeneration and has no guarantee of accurately defining symptomatic levels; With or without surgery, the patient has abnormalities in the spine that may require future surgery or treatment at the index levels or adjacent levels; The concept of fusion versus non-fusion and the indications for use of instrumentation and possible future associated interventions; And wound or medical complications intrinsic to all types of surgery. The patient expressed understanding of these risks and understanding that the plan may change peri-operatively or interoperatively as needed.

- The patient will return to our office with CDs containing the following diagnostic imaging for review along with the corresponding radiology report (see order for additional details):

Lumbar MRI scan

ICD: Derangement of right shoulder joint (M24.811)

Assessment: .

Right shoulder derangement

Plan: - indicated for surgery by Dr. Kenneth McCulloch

ICD: Cervicalgia (M54.2)

Assessment: .



Cervicalgia

Plan: - Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- Physical Therapy was prescribed today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

Medications Prescribed this Visit:

New Orders & Referrals:

Diagnostic Imaging:

Magnetic Resonance Imaging: MRI LSP w/o Contrast

Imaging Medical Necessity:

MRI LSP w/o Contrast Rule out progression/recurrence of:

Disk herniation

Neurologic compromise including nerve compression or stenosis

Fractures or dislocations

Spondylolisthesis or instability

Please provide patient with their imaging on a CD for review

.

Lab(s) & EMG(s):

Consultation(s):

Physical Therapy - Neck and Back

DME/Bracing and/or Procedures:

CPT Codes:

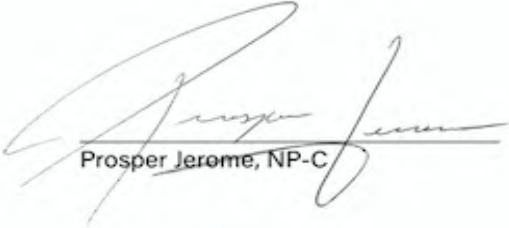
Office Consultation (99244)

X-ray Exam Of Neck Spine (72040)

X-ray Exam Of Lower Spine (72100)

Follow Up:

2 months with MRI of LSP to discuss lumbar discectomy after patient proceeds with shoulder surgery



Prosper Jerome, NP-C

Please let this report represent a letter of medical necessity for our treatment plan



Michael Gerling, M.D.

This has been electronically signed by Michael Gerling, M.D. on 03-29-2022.

This has been electronically signed by on 03-29-2022.



Manhattan
Brooklyn
Queens
Bronx
Long Island



Exam requested by:
MICHAEL GERLING MD
2279 CONEY ISLAND AVE
BROOKLYN NY 11223

SITE PERFORMED: MIDWOOD

SITE PHONE: (718) 220-2500

Patient: [REDACTED]

Date of Birth: [REDACTED]

Phone: [REDACTED]

MRN: [REDACTED]

Date of Exam: 04-08-2022

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: 35-year-old female. Lower back pain..

TECHNIQUE: Multiplanar, multi-sequential MRI of the lumbar spine was obtained on a 3T scanner using a standard protocol.

COMPARISON: None

FINDINGS:

For purposes of this dictation, the last well-formed disc space will be labeled L5-S1.

OSSEOUS STRUCTURES: Vertebral body heights are preserved. No marrow edema or destructive marrow infiltrative process.

ALIGNMENT: Normal lumbar lordosis is preserved. No significant scoliosis. No spondylolisthesis. No spondylolysis within the limitations of MRI.

SPINAL CORD, CONUS MEDULLARIS AND SPINAL CANAL: Unremarkable. The conus medullaris is at the level of L1

PARASPINAL AND INTRA-ABDOMINAL SOFT TISSUES: Unremarkable.

INCLUDED THORACIC SPINE AND SACRUM: Unremarkable.

DISCS:

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Continued: Page 2 of 2

Patient: [REDACTED]

Date of Birth: [REDACTED]

The following axial levels are imaged and detailed below:

L1-L2: No disc bulging or herniation. No spinal canal or neuroforaminal stenosis.

L2-L3: No disc bulging or herniation. No spinal canal or neuroforaminal stenosis.

L3-L4: Disc desiccation. No disc bulging or herniation. No spinal canal or neuroforaminal stenosis.

L4-L5: No disc bulging or herniation. No spinal canal or neuroforaminal stenosis.

L5-S1: Disc desiccation. Right intraforaminal herniation/stenosis with L5 impingement.

IMPRESSION: MRI of the lumbar spine demonstrates:

L5-S1: Disc desiccation. Right intraforaminal herniation/stenosis with L5 impingement.

Thank you for the opportunity to participate in the care of this patient.

Jonathan B Schwartz MD - *Electronically Signed: 04-10-2022 12:05 PM*

Physician to Physician Direct Line is: (646) 902-3733

Confidential

Tel: 212-772-3111 - Fax: 212-734-5832 - www.lenoxhillradiology.com